



AlliedSignal Inc. Law Department P.O. Box 31 Petersburg, VA 23804

Fax Transmission

To **BOX CPA**

EXAMINER - N. ELOSHWAY

GROUP ART: 3727

Company USPTO

Fax Number 703-305-3579

No. of pages (including cover sheet)

From:

Virginia S. Andrews

8/18/99 Date

804-520-3186 Telephone number

804-520-3568 Fax number

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Message

RE:

ATTENTION: BOX CPA

CONTINUED PROSECUTION APPLICATION (CPA) REQUEST FOR CPA UNDER USSN 08/533,589

CPA BEING FILED VIA FACSIMILE ON 8/18/99

GROUP ART UNIT: 3727

Virginia S. and RECEIVED

Reg. No. 29, 0383

If you have any problem with this transmission please call: Becky Kirk (804) 520-3186

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"Express Mail" mailing label No.	Color or la	` '5	Check Box if	Applicable	
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CONTINUED PROSECUTION APPLICA	ATION (CPA) REC	PADENT TRANSMIT		EY'S DOCKET NO. PA	
				(IPE)	_
Address to: the Assistant Commissioner for	Patents, Box CPA,	Washington, DC 202	231	\0,. \chi^2	,
for a X continuation (continued prosecution application) of prior a		application under 37	CFR §1.53(d)	AUG 2 3 1999	7 77
No. 08 / 533,589 filed on	September 25, 19	95 Of	·	TRADEMARKOT	/
Inventor: IGOR PALLEY ET AL.	, , ,			PADENIT	_
Title: BLAST RESISTANT AND BI MAKING	LAST DIRECTING	G CONTAINERS .	AND METHOD	OS OF	_
l. Enter the unentered amendment pr prior nonprovisional application.	reviously filed on		under 37 CFF	R §1.116 in the	
2. A preliminary amendment is enclo	osed.				
3. This application is filed by fewer than	all the inventors nar	ned in the prior appl	ication 37 C.F.R.	81 53(d)(4)	
a. DELETE the following inver				3-1 (-)(-)	
b. The inventor(s) to be deleted	are set forth on a se	parate sheet attached	hereto.		
4. A new power of attorney is enclose				ਰ ਹੈ	
5. Information Disclosure Statement (ID	S) is enclosed:				
· ·	obj is enclosed.		O TOO MAIL	REC Allie	
a. PTO-1449				CEIVEI	
b. Copies of IDS Citations			A	7 IV	
6. ✓ The filing fee is calculated below.			ر ح د	1999 1ED	
The ming see is emeanted evicin.			Ĉ	, —	
	NUMBER FILED	NUMBER EXTRA	RATE 3	FEE	
TOTAL CLAIMS	56	36 x	\$790.00 \$18.00	\$760.00 648.00	
INDEPENDENT CLAIMS	3=	1 x	\$78.00	78.00	
MULTIPLE DEPENDENT CLAIM			\$270.00		
PRESENT			TOTAL	\$1,486.00	
7. The Assistant Commissioner is he	ereby authorized to c	harge any feet which			
overpayment, to Deposit Account			ate copy of this sl		
· · · · · · · · · · · · · · · · · · ·	Extension of Tim				
NOTE - The prior application's corr	•	s will carry over to	this CPA UNL	ESS a new	
correspondence address is	provided below.				
9. New correspondence address:					
August 18, 1999		Miran	ia & and	reu Is	
(Date)		Virginia S. andrews			
` '		Virginia S. Andrews, Reg. No. 29,039			
(Name)					
		804-5	20-3651	804-520-3568	,)
			none)	(Fax)	_

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